

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

2023 AUG 29 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FL023000100838
08/29/23--01022--015 **50.00This space is for office use only
CR4E001 (10/20)

Section 1

1. DialedIn
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. 900 South Pine Island Road, Suite 390
Mailing Address of Business
Plantation FL 33324
City State Zip Code

3. Florida County of principal place of business: Broward
(See instructions if more than one county)

4. FEI Number: _____

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)

2. Chase Data Corp.
Entity Name
900 South Pine Island Road, Suite 390
Address
Plantation FL 33324
City State Zip Code
Florida Document Number: P97000066641
FEI Number: 65-0771543
☐ Applied For ☐ Not Applicable

2. Entity Name Address City State Zip Code
Florida Document Number: _____
FEI Number: _____
☐ Applied For ☐ Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniel H. Cleary 8/17/23 dan.cleary@getdialedin.com
Signature of Owner in Section 2 Date Email Address: (to be used for future renewal notification)
Phone Number: 954-547-0607

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name _____,
which was registered on _____ and was assigned registration number _____.

Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☐ Certificate of Status- \$10 ☐ Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

AUG 29 2023
M. WILLIAMS